BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

WILLIAM T. MESHIER, M.D.

Holder of License No. **15822**For the Practice of Allopathic Medicine In the State of Arizona.

Case No. MD-11-0273A

INTERIM ORDER FOR PRACTICE RESTRICTION AND CONSENT TO THE SAME

INTERIM CONSENT AGREEMENT

William T. Meshier, M.D. ("Respondent") elects to permanently waive any right to a hearing and appeal with respect to this Interim Order for Practice Restriction; admits the jurisdiction of the Arizona Medical Board ("Board"); and consents to the entry of this Order by the Board.

FINDINGS OF FACT

- 1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
- 2. Respondent is the holder of License No. 15822 for the practice of allopathic medicine in the State of Arizona.
- 3. The Arizona Medical Board ("Board") initiated case number MD-11-0273A after receiving notification from Banner Desert Medical Center that Respondent agreed to refrain from practicing medicine at that facility pending completion of an evaluation. Two patient charts were selected for quality of care review.
- 4. Patient DW, a 63 year old male, who had a history of left shoulder pain, presented to Banner Health on May 25, 2011 for an elective rotator cuff repair. DW was brought to the operating room and a right-sided interscalene block was performed by Respondent. After completion of the block, Respondent realized that he had performed the procedure on the wrong side and then repeated the block on the operative (left) shoulder.

After successful completion of the block, DW was included with Propofol and LMA was placed before transferring him to the operating table. He subsequently underwent an uneventful shoulder decompression and repair.

- 5. The Medical Consultant opined that Respondent did not act according to the standard of care in the treatment of DW. The MC observes that bilateral blockade would be a serious and potentially life threatening complication and that bilateral phrenic nerve paralysis puts the patient at undue risk for a completely elective procedure.
- 6. Patient GH, a 57 year-old male, underwent laparoscopic Nissen fundoplication on January 5, 2011. After the operation his condition rapidly deteriorated and by the following morning, he was experiencing significant chest pain with clear signs of circulatory shock. GH was taken back for exploration and revision of his fundoplication.
- 7. Respondent placed a left redial arterial line preoperatively before premedicating GH for induction of general anesthesia. After pre-oxygenation, Respondent attempted a rapid induction with Propofol and Rocuronium. GH was intubated, a phenylephrine infusion was started, and a central venous catheter was placed. Toward the end of the procedure, GH's blood pressure dropped and was not responsive to phenylephrine or ephedrine. His rhythm rapidly deteriorated to ventricular tachycardia followed by ventricular fibrillation. Resuscitative efforts were unsuccessful and GH expired in the operating room.
- 8. The MC found that Respondent failed to draw ABGs once the arterial line was placed. The MC stated that without any lab data, it is difficult to diagnose and treat critical pathophysiologic processes. The MC further found that Respondent did not consider using more potent inotropic agents such as norepinephrine.

- 9. The Staff Investigational Review Committee ("SIRC") met on August 18, 2011, and determined that Respondent should participate in a PACE evaluation based upon concerns raised in this investigation.
- 10. The Executive Director has consulted with investigative staff and the Board's medical consultant, who has reviewed the case and agrees that a consent agreement is appropriate.

CONCLUSIONS OF LAW

- 1. The Board possesses jurisdiction over the subject matter hereof and over Respondent.
- 2. The Executive Director may enter into a consent agreement with a physician to restrict the doctor's practice in order to protect the public and ensure the doctor's ability to safely engage in the practice of medicine pursuant to A.R.S. § 32-1405(C)(25) and § 32-1451(F); A.A.C. R4-16-504.
- 3. Based on the information in the Board's possession there is evidence that a restriction is needed to mitigate imminent danger to the public health and safety.

ORDER

IT IS HEREBY ORDERED THAT:

- 1. Respondent shall not practice clinical medicine or any medicine involving direct patient care, and is prohibited from prescribing any form of treatment including prescription medications, until Respondent applies to the Board and receives permission to do so.
- 2. This is an interim order and not a final decision by the Board regarding the pending investigative file and as such is subject to further consideration by the Board.

DATED AND EFFECTIVE this 4th day of DCTOBER, 2011.



ARIZONA MEDIÇAL BOARD

Lisa S. Wynn

Executive Director

CONSENT TO ENTRY OF INTERIM ORDER

- 1. Respondent has read and understands this Interim Order for Practice Restriction and Consent to the Same and the stipulated Findings of Fact, Conclusions of Law and Order ("Interim Order"). Respondent acknowledges he has the right to consult with legal counsel regarding this matter.
- 2. Respondent acknowledges and agrees that this Interim Order is entered into freely and voluntarily and that no promise was made or coercion used to induce such entry.
- 3. By consenting to this Interim Order, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Interim Order in its entirety as issued, and waives any other cause of action related thereto or arising from said Interim Order.
- 4. The Interim Order is not effective until approved and signed by the Executive Director.
- 5. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.

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Upon signing this Interim Order, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the consent to the entry of the Interim Order. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.

- This Interim Order is a public record that will be publicly disseminated as a 7. formal action of the Board and will be reported to the National Practitioner's Data Bank and on the Board's web site.
- If any part of the Interim Order is later declared void or otherwise unenforceable, the remainder of the Interim Order in its entirety shall remain in force and effect.
- Any violation of this Interim Order constitutes unprofessional conduct and 9. may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

William T. Meshier, M.D.

DATED: October 3, 2011

EXECUTED COPY of the foregoing mailed day of

Galvin Raup Raup & Hergenroether PLLC One Renaissance Square Two N. Central Avenue, Suite 1100 Phoenix, Arizona 85004-0001

ORIGINAL of the feregoing filed this day of filed with:

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